

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FCO PTO-875)

SERIAL NO.

10/519117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
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48						
49						
50						
TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	10	↔	↔	↔	↔	↔
TOTAL CLAIMS	11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			↔		↔	↔
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]